ANNUAL REPORT

Fiscal Year 2005

July 2004 – June 2005

CLARK COUNTY REGIONAL SUPPORT NETWORK

DEPARTMENT OF COMMUNITY SERVICES

Prepared by Clark County Regional Support Network

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Executive Summary

The Clark County Regional Support Network (CCRSN) Annual Report summarizes and highlights the key accomplishments achieved by the Clark County Mental Health System during fiscal year 2005. The accomplishments are shared by all of our mental health providers, consumers, family members, advocates, Mental Health Advisory Board, Quality Review Team, staff and other governmental partner agencies. We will continue our effort to provide high quality mental health services through collaboration with our partners in the community. As we enter another year of planning, I welcome your ongoing collaboration and ideas to continually improve the mental health services that are available to citizens of Clark County.

It is truly a time of change and progress. The future is hopeful and exciting as we strive to sustain new directions, to have mission, vision, and values become the heart of our strategy, and to make a difference for Washingtonians who live in Clark County. Working together I am confident we can continue on the path toward transformation and toward the realization of a system of care that places individuals and families at its core, that fosters resilience and recovery, and through culturally effective treatment and supports, enables individuals with mental illness to live, work, learn, and participate fully in their communities.

The CCRSN continues to underscore the importance and ongoing commitment to transform its system of care through strategic planning, performance management, and continuous quality management. The success of transformative activities requires a culture change in behaviors and attitudes at all levels and across multiple stakeholder groups. I believe we are on the right path and together we can champion the cause of performance that breaks through the status quo. We can and will keep focused on what stakeholders have identified as primary aims of our public mental health system.

- Person centered recovery goals for children, families and adults.
- Wellness and resiliency for individuals and our community.
- Cultural competence as an integral part of mental health services; and
- Community integration and acceptance through the reduction of stigma.

CCRSN is emphasizing its determination to assure culturally competent person centered, recovery-oriented care is at all levels of the service delivery system. We have charged the Cultural Competency Committee to eliminate disparities and hold agencies accountable for delivering culturally competent services through responsive service components that ensure access to and participation in services. Within a culturally competent system differences are managed skillfully, cultural knowledge is absorbed organizationally, language assistance services are provided routinely, and service modifications are made to take into account the diversity of individuals, families and our community.

We have also made a commitment to the community to advance the implementation of an electronic health record. A great deal has been accomplished in this area of strengthening our data system, enhancing our performance management knowledge and capabilities, and preparing for the imminent release of a complete paperless system.

Picture with us a transformed system as one that combats societal stigma, values quality care, embraces the use of information for continuous quality improvement, measures success using outcome specific to individual recovery, develops organizational structures to support reliance on culturally and linguistically competent evidence based practices, and stresses adequate and satisfying housing, employment and social integration. Underlying this picture is ***hope,*** the one variable that can truly transform the system.

The CCRSN, now in its tenth year of operation, began operating as a Pre-Paid Health Plan (PHP) and as a Prepaid Inpatient Health Plan (PIHP) for Medicaid enrollees in 1996, and has arranged for the provision of state-funded services for persons who meet state eligibility requirements since 1998. CCRSN is a medium-sized, single county RSN, fully accredited through the Washington Mental Health Division. Large enough to develop a full managed care and quality improvement infrastructure, but small enough to facilitate meaningful involvement for consumers and families, we have developed, and continue to refine, collaborative partnerships across the mental health provider network and our allied services providers. We strive to continually improve the quality and accountability of our mental health system; we promote a vision of recovery for Clark County residents with mental illness, and we aim to enhance the resilience of children and families affected by serious emotional disorders.

Through subcontracts with local community mental health centers, we provide a full range of services including crisis, outpatient, residential and inpatient services, designed from a recovery-oriented perspective, to all eligible persons living in Clark County. The CCRSN provides oversight and monitors provider agencies' adherence to federal, state, and local regulations and requirements. A community Mental Health Advisory Board assists the CCRSN staff in defining services and monitoring their overall quality. One member of the Mental Health Advisory Board participates on the Quality Review Team, a sub-committee of the Mental Health Advisory Board. Members from both groups participate on the CCRSN Quality Management Committee described later in this report.

The CCRSN has established full partnerships with consumers, families, and providers to develop an accessible, flexible, and comprehensive mental health system that supports resilience and recovery for all children, adults, and older adults. We believe that quality is a measurable concept, tied to the effectiveness of services and the manner in which those services are provided. It is also our belief that change is inevitable and that improvement is a continuous process, not simply a system of measurements. Simply stated, we wish to deliver the right treatment, at the right level of care, at the right time.

Consistent with the Governor's direction to promote accountability, improve performance management, and transform government operations, the CCRSN will continue its commitment to work side by side with all stakeholders of the public mental health system to strengthen the

foundation for future progress toward fostering hope, wellness, and recovery from mental illness for all citizens of Clark County.

Cheri Dolezal, RN, MBA, Deputy Director

Our Mission and Vision for the Future

The mission of the Clark County Regional Support Network (CCRSN) is to promote mental health and ensure that residents of Clark County who experience a mental illness during their lifetime receive treatment, services, and support so that they can recover, achieve their personal goals, and live, work, and participate in their community.

We will provide high quality services for consumers, and increasing value to the public, through the following efforts:

- Participating in prevention activities and community education and training efforts.
- Monitoring and continuing refinement of the children's mental health system that will increase children's crisis stabilization services, family participation, and community support services through wraparound services and evidenced-based practices.
- Increasing needed services to Medicaid beneficiaries.
- Continually strive for higher consumer satisfaction
- Improving the coordination and collaboration of services among provider agencies and community partners.
- Implementing enhanced performance measurement, quality improvement, and utilization management systems.
- Increasing the rate of employment for consumers in Clark County.
- Promoting cultural competency, and recognizing, respecting, and planning around cultural, ethnic, and linguistic diversity in the creation and provision of mental health services.

RECOVERY AND RESILIENCE FOR CLARK COUNTY

The concepts of recovery and resilience are a cornerstone of the (CCRSN) approach to individual service planning, and an overarching goal of the overall service system operated and funded by CCRSN. Clark County ensures that individuals' service plans reflect recovery and resilience principles, including cultural competence, through a coordinated system of policies, quality monitoring, contractual oversight, and performance incentives.

CCRSN recognizes that recovery is maintained and achieved through a continuum of connected, relevant, supportive, and individualized services and this is reflected in our service planning requirements. One of the core values of our recovery-oriented system is that individuals living with mental health disorders have the opportunity to provide input at every level of service provision. They are also able to provide input in all phases of treatment program planning, staffing, and evaluation.

Recovery Vision Statement

Recovery recognizes each person's unlimited potential. It encourages self-determination through respect, support, meaningful choices, and understanding. Recovery is maintained and achieved through a continuum of connected, relevant, supportive, individualized services, and is reflected in all related language.

The Principles of Recovery are as follows:

- *All people function on a continuum of wellness and move back and forth on that continuum.*
- *Our expectation is that all people will return to a higher place on that continuum.*
- *Mental illness is an event on that continuum. It does not define the person.*
- *We recognize and value each individual's human experience.*
- *The person receiving the services controls the recovery process.*
- *The mental health system and the person receiving services is a part of the entire community, not a segregated entity. Services offered should be integrated with the community at large.*
- *The mental health system shall recognize the various life domains of each person. Services delivered will connect the individual with the community to enrich each of these life domains. This connection moves the individual higher on the wellness continuum.*

"...recovery is a process, a way of life, an attitude and a way of approaching the day's challenges." P.E. Deegan

Peer Support

CCRSN has a long history of integrating the vision of recovery for adults and resilience for children and families into the delivery of its mental health services. This integration is reflected in CCRSN policies and procedures. As an example, policies relating to recovery vision, housing, employment, and individual tailored care all emphasize consumer and family strengths and natural supports.

In 2005, CCRSN conducted three community trainings on peer support services. The training provided an overview of the value of peer support, described integration of peer support into the treatment plan, and included a consumer panel presentation. The trainings were attended by 71 people. These trainings supported CCRSN's system-wide implementation of peer support during this fiscal year.

Mental Health Clubhouse

Another major training focus for 2005 was a community-wide training on mental health clubhouse services, which kicked off the planning process to implement a clubhouse during 2006. CCRSN brought in state and national clubhouse experts, including consumer members of local and national model clubhouses. These experts included Bill Waters, Director of Rose Clubhouse in Tacoma, and Dr. Robert Harvey, Founding Director of Harbor House, New Jersey and Executive Director of Independence Center in St. Louis, Missouri. The clubhouse training focused on the implementation of an International Center of Clubhouse Development (ICCD) certified Clubhouse model program. The goal was to provide CCRSN consumers, family members, network providers, the Mental Health Ombuds, and CCRSN staff a strong model and collaborative start for the 2006 planning and clubhouse implementation process in Clark County. This training was attended by 88 people, the majority of whom were consumers and family members.

Individual Consumer and Family Scholarships

For nearly a decade, the CCRSN has provided scholarships to support individual consumers and families attending conferences, workshops, and trainings to promote better understanding of client driven services, evidence-based practices, and individualized visions of recovery and resilience. In fiscal year 2005, a portion of the Federal Mental Health Block Grant was allocated specifically for consumer and family scholarships. In order to qualify for this scholarship, a person must be a resident of Clark County and be a consumer of mental health services, a family member of a consumer of mental health services, and/or an advocate for consumers of mental health services.

Education/Employment

The voice of individuals with mental illness plays a key role in our continuous support for education and employment services. Higher education is one way in which our consumers can improve work opportunities and fully engage in the community life. The CC RSN continues to make progress in this effort. During fiscal year 2005, we increased the number of consumers participating in the peer support certification training offered in Washington. After the completion of this 40-hour training,

many Clark County consumers are currently working at various social service agencies in our community.

CCRSN recognizes that employment is a key component of moving people toward recovery and community reintegration. Local and national experts were brought in to provide training to combined audiences of consumers, family members, and professionals to learn about the importance of work in the recovery process and the role of case managers and clinicians in supporting consumers' work efforts. CCRSN's policy and procedure on employment services requires its contracted providers to coordinate with local and state employment programs to ensure that Medicaid consumers aged 14 and above have access to a full range of employment services according to their needs.

Through partnership with Columbia River Mental Health Services' Clearview Employment Services, CCRSN has been able to proactively promote employment among youth with mental health difficulties through the Options program. CCRSN also actively employs consumers and family members as staff members in the CCRSN itself, as well as in the county Department of Community Services. We benefit from the talents and gifts that these individuals bring to their roles within the RSN, but equally important is their openness about their involvement in the mental health system, which also helps ground their co-workers and the RSN as a whole in the real business of the organization. CCRSN supports the consumer/family-run services offered through Consumer Voices are Born (CVAB) and the Clark County chapter of the National Alliance for the Mentally Ill (NAMI). As described above, CCRSN is working on the implementation of a ICCD certified clubhouse model program, which will create another consumer-run service in our community.

CONSUMER AND FAMILY VOICE

The CCRSN has a long tradition of involving consumers in the planning and delivery of services. The CCRSN provides financial assistance to the local consumer and family organizations allowing them to be involved in the delivery of services to their peers.

Consumer Voices Are Born (CVAB)

Consumer Voices Are Born (CVAB), a consumer-run organization, is proud to report this year an increase in the number of people visiting its Circle of Hope Drop-in Center, which provides a safe, cheerful, and fun place for past and present consumers of mental health services. The center offers arts and crafts, self-help classes, support groups, trainings, and guest speakers. Recently, CVAB added a new support group for stress reduction in addition to the other existing support groups for depression, anxiety, and dual recovery anonymous just to name a few. The Circle of Hope Drop-in Center also provides an intensive twelve week course in Mary Allen Copeland's Wellness Recovery Action Plan (WRAP) and Growth, Recovery, Ownership, and Wellness (GROW) program. CVAB also operates a "Warm Line," a volunteer-run program that has been a tremendous resource to individuals who may be close to or in crisis and need someone to talk to. Warm Line volunteers are fully trained and supervised by the Crisis Team.

As part of its *Focus on the Issues Series,* various guest speakers were brought in this year to provide presentations on topics relating to peer support services, housing, employment, social security benefits, and Medicare Plan D. CVAB also worked in partnership with the City of Vancouver Police Department in helping to coordinate consumers involvement in the Crisis Intervention Team (CIT) Training held this year. CVAB continues to host its Annual Barbecue, White Elephant Gift Exchange, and annual beach trip for the goal of connecting consumers to one another. CVAB is also represented on the Quality Management Committee, Cultural Competency Committee, Enrollee and Stakeholder Services Committee as well as other ad hoc committees.

National Alliance for the Mentally Ill (NAMI) Clark County

The CCRSN provides financial assistance to the NAMI Clark County to promote the development and growth of family and consumer support groups in Clark County. NAMI Clark County is represented on the Quality Management Committee as well as other system of care committees. NAMI Clark County continues to be an active participant in a new NAMI national event, NAMI WALKS, which has greatly increased public awareness of mental illness. The walk also helped to bring in a new source of income for NAMI Clark County. NAMI Clark County continues to provide educational programs through its structured classes *Visions for Tomorrow* and *Family to Family*. The number of classes being offered was increased this year and four additional Family to Family teachers were added to the education program.

NAMI Clark County also has recently developed a resource library covering many areas of interest, including Drugs and Alcohol, Courts, Jails and Mental Health Diversion Programs, Supported Education and Employment, and Wills and Trusts. NAMI Clark County engages in networking activities for orienting members to participate in cross-agency activities. Along with CVAB, NAMI Clark County continues to make strong connection with police agencies participating in the CIT Training sponsored by Vancouver Police Department and the Clark County Sheriff's Office. NAMI members are involved in the local CIT trainings helping to educate law enforcement officers in handling situations that involve someone with a mental illness.

In the fall of 2005, NAMI Clark County hosted its 9th Annual Jean Lough Memorial Symposium entitled "Addressing Borderline Personality Disorder." The workshop was presented by local experts who provided a toolbox of skills and knowledge that families can use to support their loved ones through their recovery journey. NAMI Clark County has also successfully arranged for showings of In *Our Own Voice*, a recovery education presentation that serves as a powerful anti-stigma tool to change hearts, minds, and attitudes about mental illness. At a time of vast changes in the mental health system, NAMI Clark County continues to play a major role in meeting the increasing demand for community education and support services.

Mental Health Ombuds

The Mental Health Ombuds works on behalf of people accessing mental health services in Clark County by providing rapid response to their complaints and grievances. CCRSN contracts with a functionally independent Mental Health Ombuds to assist and advocate for consumers in the complaint and grievance process and to educate consumers about the CCRSN grievance system. The Ombuds is a member of the Quality Management Committee and attends Quality Review Team meetings on a monthly basis. She provides quarterly reports to both committees and the Mental Health Advisory Board about activities and observed service trends about service delivery from her perspective, reflecting the consumer complaints and grievances received.

Quality Review Team

The Quality Review Team (QRT), made up of and led by consumers and family members, continue to increase its effectiveness in effecting system change and engendering system-wide cooperation and responsiveness on behalf of Clark County consumers. In 2005, the work of the QRT was focused on rebuilding efforts in several areas. They developed and revised their own policies and procedures, recruited for new members, and planned and conducted consumer "speak outs" and focus groups. Three new members were appointed and a new Chair was elected to replace the Interim Chair, who had been assisting with the rebuilding efforts. In addition, the Quality Review Team continues to work diligently with issues relating to quality of services provided to CCRSN mental health system consumers; to this end, QRT members are regular participants on the Quality Management Committee.

Mental Health Advisory Board

The Clark County Mental Health Advisory Board (MHAB) was established to assist the County Commissioners in their governance of the CCRSN. Its mission is *"to assist and advise Clark*

County Commissioners in creating an efficient and quality community mental health program which will help people experiencing mental illness to maintain a respected and productive position in the community."

The Board, made up of at least 51% consumers and family members, along with representatives from schools, government, business and professionals, also provides ongoing assistance and direction to the CCRSN. Board members review and provide input on key CCRSN planning and policy documents, such as the Quality Management Plan and Quality Improvement Work Plan; they also advise CCRSN staff on use of Federal Block Grant dollars, and on other issues related to data, budgets, and strategic plans.

This year the MHAB has taken significant steps in line with the following Board-established priorities: mental health services to people in the legal system, services to the elderly, recovery vision, and youth services. The MHAB took the lead in promoting and educating the community on the Vision of Recovery for Clark County and continues to be a strong supporter of consumer and clubhouse model activities.

MHAB members are actively involved by serving on various CCRSN committees, including the Cultural Competency Committee, the Quality Management Committee, the Enrollee and Stakeholder Services Committee, and the Quality Review Team. The Board continued its collaboration with Clark County Substance Abuse Advisory Board (two members from each board have dual appointments). Their continuous ability to become well-integrated with the CCRSN system and structure enabled them to effectively and efficiently guide the CCRSN to continued success in its effort to assist people experiencing mental illness to maintain a respected and productive place in the community.

A Special Note of Thanks to the Board members for their commitment and support in 2005/06. The Board welcomed two new members in 2005: Lt. Jim Rogers of the Vancouver Police Department and Toni Eby from the Substance Abuse Advisory Board. In January of 2006, a representative from the Cowlitz Tribe will join the Board.

David M. Weniger, Chair
Tom Stallone, Ph.D, Vice Chair
Robert L. Fizzell, Ph.D, Past Chair
Quan Tran, Member at Large
Randall Kleinhesselink, Ph.D.
Judi Borchers
Samara Gilroy-Hicks
Representative Deb Wallace
Lt. Jim Rogers, VPD
Toni Eby, SAAB

Present System Overview and Major Accomplishments

According to the 2000 Census, Clark County has experienced substantial growth in population and continues to be the fastest growing county in the State of Washington. A large part of this growth is newly arrived immigrants and other culturally diverse populations. The total service area is comprised of twenty-four zip codes with a County population of 345,238. For 2005, approximately 68,853 county residents were eligible for Medicaid, the population the RSN is mandated to serve. Based on the general incidence of mental illness in both child and adult populations, we project that we will need to continue to increase our capacity to provide services to more and more individuals. At the same time, the County has faced and will continue to face a reduced and restricted flow of revenue from state and federal sources. Each of these dynamics has and will continue to impact the level of financial resources available for our system. We worked to keep pace with these challenges over the past year by:

- Continuing school-based "Proviso" services in the Vancouver School District.
- Increasing the numbers of Medicaid consumers served across all age groups. This is matched with generally an equal or greater number of service hours for most consumers.
- Serving Clark County ethnic minority groups at approximately equal to or above their prevalence in the general population.
- Decreasing the number of community hospital and Western State Hospital admissions.
- Decreasing the trend in hospital readmissions.

Fiscal year 2005 was a very active and challenging year for CCRSN. Many changes and improvements to the system occurred during the period of this report. Following are some of the more significant events.

- Continuing performance-based contracts with our entire provider network to provide clearer understanding of performance expectations from county, state, and federal government.
- Achieving full certification, with no findings (that is, nothing singled out as needing formal corrective action) from the State of Washington Mental Health Division RSN/PHP Annual Medical Audit and Administrative Review for Fiscal Year 2004-2005. A number of "best practices" for our system were highlighted in the final report.
- Maintaining the number of consumers served at 40 in the Program for Assertive Community Treatment (PACT), an evidence-based practice designed to divert county residents with chronic

mental illness from hospitalization. In addition, two new PACT programs (COMET and YORP, described below) were developed through federal grants.

- Keeping the Community of Care Advisory Council as an infrastructure to sustain the work of the Children's Mental Health Initiative grant which ended September 30, 2004.

- Sustaining services to 100 youth probationers with serious emotional disabilities through the Clark County Connections Project. This project began as a blended funding project utilizing 4 different funding streams, including Clark County tax revenue and Juvenile Justice, CCRSN, and Substance Abuse and Mental Health Services Administration (SAMHSA) funds. It is now fully funded by Juvenile Court with local and state funds.

- Continuing implementation of another evidence-based practice, Functional Family Therapy. This family-based prevention and intervention program serves families with children on probation to the Juvenile Court.

- Supporting continued use of still another evidence-based practice, Dialectical Behavior Therapy (DBT), at Columbia River Mental Health Services and Community Services Northwest (formerly known as Community Services Northwest).

- Maintaining provision of home based intensive crisis stabilization services for up to 90 days for children with short-term intervention needs, which may include the use of therapeutic foster care and/or respite care alternatives.

- Continuing to maintain the lowest rate of hospitalization and residential bed usage for children in the State of Washington, as reflected in a state Mental Health Division study conducted by the Public Consulting Group, an independent evaluator.

- Continuing implementation of the third year of a 4-year, $2.3 million Partnerships for Youth Transition grant from SAMHSA that allows us to provide individualized, recovery-based support for community youth with serious emotional or behavioral difficulties who are facing transition from child- to adult-serving systems.

- Moving forward with the first year of a 3-year, $1.5 million grant for Co-Occurring Methamphetamine Expanded Treatment (COMET), also funded through SAMHSA, to develop specialized, integrated services for persons with co-occurring disorders of serious mental illness and methamphetamine abuse.

- Implementing a 4-year SAMHSA grant for the Young Offender Re-Entry Program (YORP). This program serves young adults aged 18-24 who are transitioning from local jails or state prisons. YORP combines three "best practices:" Assertive Community Treatment (ACT); the Matrix model (a community-based substance abuse treatment method); and Seeking Safety (a therapy approach to help people achieve safety from trauma/Post-Traumatic Stress Disorder (PTSD) and substance abuse).

- Providing full support to Consumer Voices Are Born (CVAB), a local consumer-run organization, to provide a drop-in center and warm line services.

- Operating the County Mental Health Court which continue to be CCRSN's key strength in diverting offenders with mental illness and/or substance abuse from our county's crowded jail. The Court, which are based on another evidence-based practice model, work closely together to address the prevalence of offenders with co-occurring diagnoses.

- Continuing to successfully operate the Developmental Disabilities/Mental Health (DD/MH) Crisis intervention team. This specialized, interdisciplinary team enhances crisis stabilization services to consumers with co-occurring developmental disabilities and mental health issues.

- Successfully placing four consumers back in the community through the Expanding Community Services program initiated as the result of the ward closures at Western State Hospital.

- Developing a clinical practice monitoring tool for integration of SAMHSA clinical practice standards for cultural competence and related training.

- Sustaining involvement of consumers and family members in participation at all levels of the CCRSN's decision-making process.

- Completing construction of the $38 million Center for Community Health, a national model for interagency (and intragovernmental) collaboration, savings, and efficiency. Its unique co-location of multiple health and social services provides continuity of care for children, adults, and families, thus preventing many from falling through the cracks and out of the system.

QUALITY MANAGEMENT

Since its inception, the CCRSN has maintained a quality management program to monitor and improve clinical care and service delivery to Medicaid enrollees and state-funded recipients of mental health services in Clark County.

During FY 2005 we reorganized the Quality Management Program, and added two new full-time positions --a Quality Review and Reports Specialist and a Grievance and Quality Management Coordinator-- to provide additional oversight, skills, and resources to expand quality improvement activities. This effort led to improvements in quality management structure and processes, utilization management structure and processes, and data integrity. Accomplishments during FY2005 include:

- Updated and more-refined policies and procedures and monitoring mechanisms regarding
  - Advance Directives.
  - Consumer Rights (general, right to appeal, right to a second opinion, right to administrative hearing).
  - Complaints and Grievances.
  - Eligibility Standards.
  - Service Authorization.

- Increased provider training
  - Expanded annual training schedule.
  - Documentation of provider staff participation.

- Adopted additional Evidence-Based Practice models for clinical practice, including SAMHSA guidelines for treatment of Adults with Co-occurring Disorders and American Psychological Association (APA) guidelines for treatment of adult-onset Schizophrenia.

- Increased the response rate for CSQ-8 consumer satisfaction survey.

- Increased the rate of Special Population Evaluation/Consultation by qualified Mental Health Specialists.

- Developed an assessment protocol for use in obtaining optimal consultation from a Mental Health Specialist for Special Populations by the Cultural Competency Committee, a sub-committee of the Quality Management Committee.

- Completed implementation of the state MHD-mandated Telesage Outcomes Management System, which enables consumer, clinician, and systemic tracking of self-reported consumer progress in treatment and outcomes of services.

- Implemented two performance improvement projects in collaboration with the Washington Mental Health Division as part of its state-wide Quality Strategy (consumer perception of involvement in treatment planning and timeliness of service data transmission).

- Developed a strategy to validate the five Washington Mental Health Division performance measures at the CCRSN level.

- Increased the number of high risk screenings and Crisis Plans available in the CCRSN information system.

- Increased provider participation in CCRSN key stakeholder meetings.

Quality Management Plan

The purpose of this Quality Management Plan is to outline a strategic and systematic process of continuously improving care for consumers residing in Clark County and served through CCRSN-funded mental health services. The CCRSN Quality Management structure serves an integrating function in planning effective and efficient services, quality assurance monitoring, and quality improvement activities to achieve improved outcomes as a result of mental health care and services for consumers in Clark County RSN. CCRSN defines quality as *producing the right services, in the right amount, at the right time and place, with the right amount of resources, while being flexible enough to respond to uncommon consumer needs.* We believe that using quality principles will maximize organizational capacity to meet increasing consumer demand with decreasing resources.

Clark County RSN has the direct responsibility for assuring compliance and continuous improvement in quality of care and utilization of resources through Clark County's contracts with the Washington Mental Health Division. The scope of the CCRSN Quality Management Plan is comprehensive, including the systematic and objective monitoring, evaluation, and improvement of the quality of mental health care and services provided to consumers. We are committed to working in partnership with our provider panel to add value though technical assistance and support. The plan addresses all aspects of care provided to service recipients, including business processes.

The Clark County RSN Quality Management Structure consists of a system of committees made up of CCRSN staff, providers, consumers, advocates, and family members, and a series of feedback loops integrated through the Quality Management Committee and communicated up through the CCRSN governance structure. Please see the organizational chart on the following page.

Quality improvement activities are conducted by Performance Improvement Project (PIP) teams recommended by the CCRSN Quality Management Committee and adopted by the CCRSN Executive Committee. The Performance Improvement Project teams are cross-functional in nature and have a designated Team Leader. The teams follow the "DMAI" (Design, Measure, Analyze, Improve) process to effect improvements in the service delivery process and/or service outcomes.

The Quality Management Committee

The Quality Management Committee (QMC), which meets monthly, provides a multidisciplinary forum for the coordination of quality assurance and improvement activities. The QMC is charged with developing the annual Quality Improvement Work Plan and approving the evaluation of the plan at the end of the fiscal year. The QMC is also responsible for sponsoring performance improvement projects and reviewing progress toward improvement goals. The Quality Management Committee reviews data and recommendations from the sub-committees that make up the quality management structure, as well as data provided by the CCRSN related to the Quality Management Work Plan.

Membership of the QMC is a top-level intact group with cross-functional membership, and includes:

- Executive directors, clinical managers and/or quality managers from each network provider;
- Representatives from Consumer Voices Are Born and Clark County NAMI;
- The Clark County Mental Health Ombuds;
- The Chair of the Quality Review Team; and
- CCRSN staff, including the Medical Director, DCS Deputy Director, Quality Manager, Clinical Operations Manager, Information Systems (IS) Manager, Consumer and Stakeholders Affairs Manager, and Program Development and Provider Relations Manager.

Other CCRSN staff and/or PIP team members attend the QMC to give reports or participate in discussions on an ad hoc basis. Committee representatives are empowered by their organizations to evaluate data and make recommendations for system change. The CCRSN Quality Manager chairs the committee.

Provider and Services Review Committee

The Provider and Services Review Committee provides oversight of provider network adequacy, credentialing/recredentialing decisions, chart reviews, and peer review. As part of the Quality Management structure, the committee assesses overall network effectiveness related to its scope. The committee chair forwards quality improvement recommendations to the QMC. The CCRSN Medical Director and Clinical Manager are designated to oversee the Provider and Services Review Committee. Membership of the committee also includes: the RSN Program Development Manager, the DCS Contracts and Information System Managers and the Medical Directors from four provider agencies. The Committee meets monthly.

Enrollee and Stakeholder Affairs Committee

The Enrollee and Stakeholder Affairs Committee is responsible for providing oversight and addressing issues related to customer service, enrollee concerns, access, provider availability, compliments, complaints, grievances, satisfaction surveys, and confidentiality. From its review and analysis of the data, the committee provides feedback and recommendations to the Quality

Management Committee. The CCRSN Consumer and Stakeholder Affairs Manager is designated to oversee the Enrollee and Stakeholder Affairs Committee. Membership of the committee also includes: the CCRSN Quality and Clinical Managers, the CCRSN Grievance and Quality Management Coordinator, the Mental Health Ombuds, a NAMI representative, a Consumer Voices are Born (CVAB) representative, a Mental Health Advisory Board Member, a Quality Review Team member, a Peer Support professional, and the Consumer and Family Support Specialist. The Committee meets monthly.

Cultural Competency Committee

The Cultural Competency Committee assures design, development and implementation of culturally sensitive and competent services and business management processes in the context of the specific diversity represented by the target population and community. The committee reviews outcomes and monitoring data related to cultural competence, as well as data around access to services and complaints and grievances, to identify patterns and trends and to make recommendations regarding standards of practice and quality improvement initiatives. The committee chair is the CCRSN Consumer and Stakeholder Affairs Manager. Other members include the CCRSN Quality Manager, a representative from CVAB, a Mental Health Advisory Board representative, and representatives from each provider agency. The committee meets monthly.

Utilization Management Committee

The Utilization Management Committee (UMC) functions as a workgroup designed to assure that utilization of mental health services and resources are consistent with the treatment service needs of the enrollee. The CCRSN Medical Director and Clinical Manager are co-chairs of he UMC, and other members include the CCRSN Program Development Manager, the CCRSN Quality Manager, CCRSN Care Management Staff, the county Department of Community Services (DCS) Contracts Manager, and DCS Financial and Information System staff. The committee meets monthly.

The Quality Review Team

The Quality Review Team (QRT) is a subcommittee of the Mental Health Advisory Board that functions independently of the CCRSN and plays a critical role in providing consumer and family participation in CCRSN Quality Management activities. The QRT consists of seven to nine members with at least one representative from the Mental Health Advisory Board. Members are selected to represent the demographic character of the RSN, with membership that includes at least 51% consumer or family members. The Mental Health Ombuds is also invited as a guest to the QRT meetings and to make summary presentations about trends and issues identified through complaint and grievance-related activities. A CCRSN Manager staffs and assists the QRT by providing information about the CCRSN System of Care and community resources, including key management and quality management data, facilitating access to mental health providers as needed, and sharing best practices in service delivery. The QRT conducts semi-annual “Speak-Outs,” or focus groups, about system issues identified by the QRT or the

Quality Management Committee. These groups provide a forum for consumers to 'speak out' about satisfaction with services, and/or to assist with consumer needs assessments.

The QRT chairperson is a member of the QMC, and reports on QRT activities, makes recommendations about quality improvement, and provides a consumer and family perspective in the activities of the Quality Management Committee. The chairperson provides reports back to the QRT about QMC activities.

Performance Improvement Project Teams

Performance Improvement Project (PIP) teams are cross-functional in nature (meaning multiple organizational levels are represented on the team) and have a designated Team Leader. The teams follow the "DMAI" (Design, Measure, Analyze, Improve) process to improve the service delivery process and/or service outcomes. The teams are time-limited and use established criteria in completing their work.

Consumer Complaint and Grievance

As part of its stated policies, CCRSN provides an age- and culturally-appropriate process to pursue complaints and grievances. When consumers experience a problem with the system of care there will be a clear, simple process for consumers to use to voice and resolve the problem. The process will be explained to consumers in their primary language at their entry into the system, including the availability of assistance for them through the Mental Health Ombuds program. In order to adequately protect consumers of all ages and cultures, particular care and sensitivity will be exhibited at all stages to provide for such linguistic, developmental, and cultural diversity. Information from complaints and grievances will be utilized by CCRSN to improve the quality of consumer care. No consumer will experience any retaliation as a result of utilizing the complaint and grievance process. Information about Complaints and Grievances will be reported regularly to the Quality Management Committee.

CRISIS SERVICES

Adult Crisis Services

Crisis services are available to Clark County residents 24 hours per day, 7 days per week. A team of professionals, currently based out of Columbia River Mental Health Services, are contracted to provide support and/or stabilization services to anyone experiencing an emotional crisis or acute mental health problem in this county.

Developmental Disabilities/Mental Health Crisis Services

CCRSN continued the enhanced Developmental Disability (DD) Crisis Stabilization and Diversion Services, operated through Columbia River Mental Health Services, as an effort to provide additional crisis services to prevent unnecessary hospitalizations of people with developmental disabilities who are experiencing a mental illness. This program is staffed with a 1.0 FTE DD/Behavioral Intervention Caseworker, who provides case management for often hard-to-serve individuals with developmental disabilities that have a mental disorder. There is also a .5 FTE DD Intervention Specialist who provides assessment and evaluation of individuals with development disabilities who are in crisis, and of the residential environment that may have contributed to the crisis. In addition, this program has priority access for one of the crisis respite beds at Columbia River Mental Health Services. The project is funded through a special contract with Region VI Office of Developmental Disabilities and through additional money from the CCRSN.

Children's Crisis Services

Children crisis services are also available 24 hours per day, 7 days per week. There has been a gradual but steady increase in both the number of youth served and the number of service hours provided due to improved access for youth, a result of enhanced collaboration with school districts in our county.

Crisis Stabilization Services:

The Children's Crisis Stabilization Service is operated by Catholic Community Services. Its goal is to prevent unnecessary hospitalizations for children. Crisis stabilization is a specialized form of crisis assessment and intervention designed to provide community-based alternatives to psychiatric hospitalization through the use of an array of intensive care coordination, crisis respite and other intensive in-home resources. The program offers an acute mental health management environment in which services are available "24-7."

Children's Mobile Outreach Team:

The Children's Mobile Outreach Team, administered by Columbia River Mental Health Services, is responsible for providing a 24-hour crisis intervention and outreach program for Clark County children and adolescents (under age 18) and their families. The Children's Mobile Crisis Team delivers crisis response intervention services and referral and linkages for children (both Medicaid and non-Medicaid) and their families throughout Clark County. The Mobile Crisis and Assessment Team also, upon County request, conducts face-to-face assessments in the child's natural environment to assist in making referrals for the most appropriate element of care.

INNOVATIVE PROJECTS UPDATE

In its continuous effort to unify the publicly funded mental health system and reduce service barriers through collaboration with other social service agencies and Department of Social and Health Services partners, the CCRSN continued monitoring, enhancement, and implementation of several innovative projects in public mental health in fiscal year 2005.

Center for Community Health

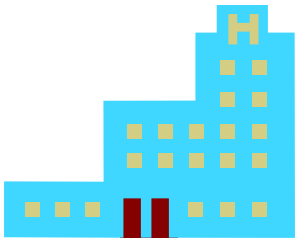
In 1997, the seeds of a partnership began to develop between the Department of Veterans Affairs and the Clark County Department of Community Services. They realized that by working together they had the ability to solve common problems while improving services to both veterans and the community. From this partnership came a vision for a new facility, the Center for Community Health (CCH).

The $38 million CCH serves as a national model for collaboration, savings, and efficiency and provides convenient access to enhanced social and health services for regional veterans and other community members. Its unique combination of multiple health and social services under one roof provides continuity of care for people whose needs often cross systems, thus preventing many from falling through the cracks and out of the system. Through the unique partnership with the Veterans Administration, public health, mental health and substance abuse service providers will benefit from long-term lease savings that may be directed to client care; from enhanced opportunity to collaborate with other providers; from enhanced client access made possible by location near public transportation; and, ultimately, from better client outcomes.

Greater than the sum of its parts, the center houses Lifeline Connections, Community Services Northwest, the US Department of Veterans Affairs, Cowlitz Tribal Health Services, Clark County Health Department, and Clark County Department of Community Services. A 16-bed combined co-occurring mental health and substance abuse evaluation and treatment center (please see the description of "Hotel Hope," below) is scheduled to open in fall 2006.

In addition to the soon-to-be-opened "Hotel Hope" the facility hosts 16 residential drug and alcohol treatment beds for the deaf and hard of hearing, 16 detoxification beds split between acute and sub-acute services, and 60 residential drug and alcohol treatment beds for adults.

HOTEL HOPE



Hotel Hope, scheduled to open in the fall of 2006, is a 16-bed inpatient facility designed to provide Evaluation and Treatment Services and Acute Detoxification to its invited guests. It will be located on the 1st floor in the Center for Community Health. Hotel Hope will serve adults 18 years of age and older. Guests will be medically stable and demonstrate a medical necessity for mental health inpatient stabilization and/or acute detoxification. Guests may be both voluntary and involuntary, per RCW 71.05 and RCW 70.96A.

Given that Hotel Hope is a new facility still under construction, the ratio of individuals needing mental health services to individuals needing detoxification services is difficult to predict with accuracy. Our expectation is that at any given time, 14 of the 16 beds will be filled with individuals needing mental health services who are not receiving detoxification services. The remaining two beds will be filled by individuals who have a primary need for acute detoxification. However, we do assume that at least 60 % of all individuals entering Hotel Hope will have a co-occurring mental health and chemical dependency disorder. It is anticipated that the average length of stay will be eight to ten days for individuals needing mental health services, three to five days for detoxification only and ten days for individuals experiencing co-occurring disorders.

Services will be provided based on bed availability and published admission criteria, primarily to residents of Clark County who are brought to the Center or arrive on a voluntary or involuntary basis. In addition to short term inpatient treatment and discharge planning in connection with community referral sources, the Center will provide recovery oriented assessments, crisis stabilization and acute detoxification to invited guests. Standard services include psychiatric inpatient interventions, crisis stabilization, detoxification and stabilization, referral, intake and assessment and short term inpatient treatment.

Our goal is that Hotel Hope will be a national leader in the reduction of the use of seclusion and restraint. Seclusion and restraint will only be used in emergency situations to ensure guests' physical safety, and only when less restrictive measures are contraindicated or have been attempted and were not successful. To this end, Hotel Hope staff will utilize the "Engagement Model" (a.k.a. the "Sanctuary Model") philosophy. The Engagement Model focuses on trauma sensitivity as the place to begin. It incorporates the following principles:

1) partnership is more effective than coercion;
2) people's strengths emerge when you believe in them;
3) social norms are the most useful source of power; and
4) customer service values apply in healthcare, too.

CHILDREN'S SYSTEM OF CARE

Utilizing the Children's Mental Health Initiative (CMHI) for basic infrastructure development, the Children's System of Care (CSOC) completed its sixth and final year of operation. The mission of the Clark County System of Care is "to effectively serve children and families whose complex needs transcend the scope of a single service system, and to enhance their ability to participate as full citizens in our community." As the project completed its last year, emphasis continues to be on sustaining the work we had started as a community.

Outreach to school personnel, service providers, and families to increase access to mental health services began immediately with the receipt of the CMHI grant and continues on an ongoing basis. Service providers' contracts reflect System of Care values and principles (an overview of these principles is available at http://www.mentalhealth.samhsa.gov/publications/allpubs/Ca-0030/default.asp), and adhere to the Individualized and Tailored Care (ITC)/Wraparound model. Mental Health staff are located in schools, juvenile justice and child welfare agencies. These staff and their positions were sustained as an ongoing effort to ensure an expanded system of case finding, screening, and assessment. The Connections program at the Juvenile Justice Center and the school-based "Proviso" project with Vancouver School District continue. The projects were designed to be family-centered, family-driven and strengths-based. Both of these programs are excellent examples of mental health joining with multiple systems to provide programs based upon system of care values and principles.

Families are involved at all levels of the system. Family members continue to be employed at mental health agencies to serve in a support role (peer support) to other families, as well as to participate in the discussions around service planning and policy development. Family members continue to play a very active role in program operations. They participate in the recruitment and hiring of staff, and in management and committee meetings; represent the family voice for Clark County at State-level meetings on children's mental health; facilitate focus groups; present at national conferences; train providers and families on family-driven care; and work at Family Resource Centers. There is general agreement from the community that family voice is respected and desired at the governance level. Family participation on the Community of Care Advisory Council continues and participants are considered equal partners in the process and in the work involved.

The Community Partners Committee continues to do outreach and provide support to families that need help in moving forward with the challenges they face. This committee, which is comprised of representatives from child- and family-serving agencies as parent representatives/family liaisons, is responsible for assisting children and families in accessing community resources through information sharing and hands-on assistance, developing strategies to support children in the least restrictive/most appropriate setting, and identifying resource gaps and system barriers which are shared with the Community of Care Advisory Council for resolution.

Researchers from Portland State University reported on their outcome evaluation for the Clark County System of Care. This presentation detailed findings from the six-year implementation of the grant. The information covered findings regarding service utilization, changes in youth and family functioning, satisfaction with services and impressions of system changes over the six year period from service providers, family members, administrators and others. Primary findings included:

- Youth's functioning at home, at school, and in the community significantly improved over time after intake.
- Caregiver strain decreased over time.
- Family functioning and family resources did not change over time.
- In general, families were satisfied with the system.
- The System of Care shifted to more innovative and individualized services after reorganization of the children's mental health system.
- The rate of change in youth's functioning did not alter after system reorganization.
- Satisfaction with services remained moderately high after reorganization.
- There is a wide variety of views from administrators, family members, and service providers about the success of the system of care effort. These range from extreme dissatisfactions to extreme satisfaction. Service and county administrators tended to rate the changes more positively than family members and service provider line staff.
- Ratings of Clark County's "Systemness" are consistently higher than average ratings of other System of Care grantee sites.

Sustainability is key to the success of this work and the ability to sustain the CSOC infrastructure in the face of substantial changes in the mental health system will continue to be a challenge as we go forward.

Connections Project

The Connections Project—an individualized, coordinated mental health service within the Clark County Juvenile Department—continues to provide services to approximately 100 youth probationers with behavioral health issues. The project was initially started using blended funding from the System of Care Mental Health Initiative, Juvenile Department general tax revenue, and mental health funds from the Clark County Regional Support Network. The project design incorporated the wraparound model to impact young people with a mental health diagnosis who are under the jurisdiction of the Clark County Juvenile Court. A team of four staff members (Probation, Counselor, Probation Associate, Care Coordinator, and Family Specialist) work with each youth and his or her family. The goal is to stabilize a young person in the community by establishing effective community-based support systems that will continue to be involved with him/her when court-ordered supervision expires. This project has been sustained using a funding mix of local and state dollars from the Juvenile Justice System.

A recently published study conducted by the Regional Research Institute of Portland State University (Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006), found that youth in Connections were had better outcomes than youth receiving mental health and juvenile justice

services in a traditional manner. Youth in Connections took three times longer than youth in the comparison group to recidivate, served fewer episodes of detention, and spent fewer total days in detention. Additionally, past research found that after intake youth in Connections demonstrated significant improvements on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home, at school and in the community (Pullman, Kerbs, and Koroloff, 2004).

School Based Mental Health Projects

School-based Projects continue to serve children with mental, emotional and/or behavioral challenges in two school districts. The various school-based mental health projects are designed to equip families with problem solving strategies for helping their child function more effectively in school and at home. The school-based mental health projects include stationing clinicians at 25 different schools to provide support for children ranging in age from 5 to 20 and their families.

The focus has been on developing new programs within the context of local service systems and within schools, guaranteeing children and their families access to services that are integrated, planned across systems, and responsive to individual needs rather than categorical program requirements. Some of the core values used in the design of these services, drawn from System of Care principles, are using parents as partners and part of the employed team; providing individualized care that is strengths-based, holistic, and culturally competent; and looking first to community based interventions. We asked that all projects incorporate best practices, developing partnerships between providers, schools and families by incorporating parents into all aspects of program design and implementation.

One of the challenges has been the lack of resources in the community to support families; another has been limited availability of flexible funds to meet emergent individual child and family needs. Furthermore, there is the need to provide more training to school staff about working with children with emotional and behavioral problems. .

The 4-Results Mentoring Project

This project, originally started with school-based proviso funds, has been sustained through Division of Alcohol and Substance Abuse (DASA) and Community Mobilization prevention funds. It was created to meet an unmet need for children aged 7–17 in Medicaid-based mental health services in Clark County. The project is operated by Columbia River Mental Health Services.

Many of these young people have families and ITC teams who have identified that the child would benefit greatly from a relationship with an adult who can provide him/her with individual time and attention, and who will help support critical social interactive and community skills. Mentors, who are volunteers from the community, become part of the collaborative team that includes the child and family, 4-Results staff, and other professionals. Mentors form one-on-one, caring, supportive relationships, based on trust, that focus on children's needs and encourage them to develop to their fullest potential. Mentors receive up to 20 hours of initial and on-going training.

Recently, one 4-Results mentor received the National Mentor of the Year Award, conferred by a collaboration of MENTOR: the National Mentoring Partnership, The National Network of Youth Ministries, and the Department of Justice. Although his original commitment was for nine months, he has continued his mentorship of a local young person for more than five years, and has developed a "life long relationship".

Children's Mental Health System Redesign

Sustainability and continued refinement of the Children's Mental Health System was a significant area of activity that continued in 2005. Individual elements of care (broad categories of service) were maintained, as were crisis stabilization and intensive home-based services with Catholic Community Services.

Universal Element

These are lowest element of outpatient services available to children. Universal Services are designed to meet the needs of children and adolescents who have short term or situational mental health problems or whose problems have been stabilized and/or are partly met by other child-serving systems. Services are mostly office-based but may also occur in the community, depending on the needs of the child or youth and his or her family. Universal services can be accessed directly by telephoning any of the following providers: Children's Center, Children's Home Society, and Columbia River Mental Health Services.

Targeted Element

Children's Targeted Services are designed for children and families whose needs cannot be effectively addressed through universal services. This is an intermediate element of care for children or adolescents who display multiple symptoms and functional impairments in more than one life domain and/or who are involved with multiple child-serving systems. They require services of moderate to high duration, intensity, linkage and flexibility in the time and location of service delivery. Services are both community- and office-based and family focused. At least 60% of targeted services are expected to be provided in community settings, such as the child's

home, school, or other 'out of office' location. Providers of targeted services are Children's Center, Children's Home Society, Columbia River Mental Health Services, and Family Solutions.

Intensive WrapAround Element

Intensive services are designed for children and families who require services of very high duration, intensity, linkage and flexibility and are operated by Catholic Community Services. These children and youth have experienced –or are at risk of experiencing-- inpatient psychiatric treatment and traditional services alone are not effective in helping them; they are at risk for out of community placement, have severe behavioral disturbance, have moderate to severe functional impairment, and require intensive multi-system involvement. Services are community-based and are high intensity, flexible, and coordinated through a wraparound team approach. Services are available seven days a week, 24 hours a day if needed, and may use traditional and non-traditional approaches including wraparound, crisis respite and therapeutic foster care in addition to other more traditional types of services that are delivered in the community. Intensive services can be accessed only through a Children's Mobile Outreach Team assessment and recommendation. At noted above, the provider of intensive services is Catholic Community Services.

Crisis Stabilization Services

The Children's Crisis Stabilization Service is also operated by Catholic Community Services. Its goal is to prevent unnecessary hospitalizations for children. Crisis stabilization is a specialized form of crisis assessment and intervention designed to provide community-based alternatives to psychiatric hospitalization through the use of a service array that includes intensive care coordination, crisis respite care, and other intensive in-home resources. The program offers an acute mental health management environment in which support and services are available 24 hours a day, 7 days per week. Through a wraparound framework, extended family, "natural helpers," and other community resources are combined with more traditional mental health services to bring about safety, stabilization and community integration. Psychiatric evaluation, medication monitoring, and crisis respite care (up to 72 hours) services are also available. Certified Peer Support Professionals (who are parents of children with mental health problems themselves) offer weekly activities through an organized Family Support Network, including additional parent training, respite, and family activities. The team works to stabilize a crisis within a 90-day period by partnering with the family. They also develop children's and families' strengths and abilities and create community connections that can be sustained after the crisis has stabilized.

Children's Mobile Outreach Team

The Children's Mobile Outreach Team is administered by Columbia River Mental Health Services and is responsible for providing an "around the clock" crisis intervention and outreach program for Clark County children and adolescents (under age 18) and their families. The Children's Mobile Crisis Team delivers crisis response, intervention services, referral and linkages for children, both Medicaid and non-Medicaid, and their families throughout Clark

County. Upon County request, the Mobile Crisis and Assessment Team conducts face-to-face assessments in the child's natural environment to assist in making referrals for the most appropriate element of care. The goals of this service include:

- To respond effectively and safely when children and families are in crisis, defusing high risk situations and preventing unnecessary hospitalizations by providing immediate stabilization and support to children and families.
- To provide a rapid response for children and families experiencing a crisis.
- To create opportunities for improved engagement between the child and family and the mental health system.
- To provide easy and timely access for children and families into Targeted and Intensive Services.
- To ensure that eligible children and their families receive services that match their needs.

Crisis services triage child and family needs to ensure that the least restrictive, safe service alternative is offered. With authorization from the CCRSN, the crisis team also responds to requests by other child-serving agencies, including schools and juvenile justice, for assessments of eligible children with serious emotional disturbance (SED).

Youth in Transition (Options) Program

The Partnerships for Youth Transition grant (also known as the Options Program) was in full implementation during this reporting year. Initially funded in 2002, the Department of Community Services was one of only five sites in the nation to receive funding for the development of transition-related services for youth with serious emotional disturbances.

The main goal of the Options program is to support transition age youth (14-25) with serious emotional difficulties in achieving a successful transition into adulthood. The focus of work with youth/young adults occurs in four primary domains-- education, employment, independent living, and community life adjustment skills. The Options program serves 60 young people at any given time. The program received special recognition during a site review from SAMHSA and other national partners for its work with youth. Achievements and highlights included:

- high quality youth engagement;
- effectiveness in engaging a challenging youth target population;
- clear and strong communication across partner agencies;
- a highly qualified, committed and talented team;
- a well-structured, flexible program of services;
- thoughtful, well-designed evaluation strategies;
- strong informed decision making and management;
- an enhanced system of care infrastructure; and
- a thoughtful, well-designed quality assurance plan.

Evaluation results as of the end of 2005 also suggested very strong positive trends for participating youths' individual outcomes in the areas of staying out of trouble with the law, living in a home-like setting, and being in school and/or graduating.

The Options program underwent a fidelity study, conducted by Portland State University, in the fall of 2005. Results indicated that the transition team worked with youth in a way that was highly consistent with the key principles upon which the program was developed. Adherence to practice guidelines related to encouraging youth voice and youth decision making were also particularly strong. In addition, the program demonstrated very high fidelity in the areas of providing coordinated services and supports, providing a safety net and providing services that are competency based.

Evidence-Based Practices

Clark County also provides several evidence-based practices for adults and children. While our provider network provides the full array of Medicaid-funded services, we take required services one step further by delivering them in an evidence-based manner. Adults are able to access three of the four core practices for mental health services for adults identified by SAMHSA: (1) Assertive Community Treatment (ACT), (2) Supported Employment, and (3) Dialectical Behavior Therapy (DBT). These evidence-based services are offered through contracted mental health agency network providers.

Children and their caregivers are able to access two of the four SAMHSA-recognized core practices for work with children and families: (1) Functional Family Therapy (FFT) and (2) Multi-Dimensional Treatment Foster Care (MDTF).

Since April 2005, Clark County youth with co-occurring mental health and methamphetamine abuse disorders have been able to access a specialized program using the Matrix Model (another SAMHSA evidence-based practice for treating stimulant abusers in an outpatient setting), integrated into an Assertive Community Treatment model, through a federal grant. Adult consumers served through CCRSN have been able to access still another SAMHSA-recognized practice, Integrated Dual Disorder Treatment (IDDT), since mid-November 2005.

With the implementation of IDDT and other new programs over the next year (i.e., Seeking Safety, a manualized cognitive-behavioral psychotherapeutic approach that helps people attain safety from trauma and relief from symptoms of PTSD), by September 2006 Clark County RSN will have implemented seven of the nine SAMHSA core practices. CCRSN will have also expanded access to services for co-occurring disorders to adults through the IDDT program and added additional ACT capacity.

Program of Assertive Community Treatment

The CCRSN Program for Assertive Community Treatment (PACT) program, first of its kind in the State of Washington, is now in its sixth year of operation at Community Services Northwest. This evidence-based intensive case management program continues to be one of the most successful adult programs of the CCRSN in diverting patients from hospitalization. The program is designed to serve adult "high utilizers" of inpatient and/or acute care and/or emergency services. Staff provide a 24-hour-a-day, seven days a week, multidisciplinary approach to delivering comprehensive care to PACT consumers. The program has the capacity to serve 40 consumers at any one time, and the program continues to operate at capacity. Over 100 people

have been served since it was implemented, and they are in varying stages of recovery. Some are employed full time; some are enrolled in a college program; most live independently in the community. In addition, Community Services Northwest continues to manage payeeships and maintain three transitional apartments for persons enrolled in this program

Co-Occurring Methamphetamine Expanded Treatment (COMET)

Clark County's Department of Community Services was awarded a three year, $1.5 million grant in October of 2004 from SAMHSA to develop specialized, integrated services for persons with co-occurring disorders of serious mental illness and methamphetamine (meth) abuse. Clark County RSN was one of six projects funded throughout the country, and is the only project that combines two evidenced-based practices from two systems into one program.

Clark County's COMET (Co-Occurring Methamphetamine Expanded Treatment) Program in its second year of operation, serves persons with a dual diagnosis - methamphetamine abuse or dependence and an Axis I mental health diagnosis in accordance with the Washington Mental Health Division Access to Care standards. The two central goals and corresponding objectives of COMET are:

> Goal One (Participant Level): To assist participants to establish a clean and sober lifestyle, to improve the quality of their lives, to improve physical health, and to reduce episodes of criminality, homelessness, and psychiatric crisis.
>
> Goal Two (System Level): To increase the capacity for targeted culturally competent and gender-specific methamphetamine treatment and to develop provider capacity to effectively serve this group of individuals.

Referrals to the program come from non-profit agencies (e.g., mental health, substance abuse, shelters,) serving the target population, from County specialty courts (e.g., Drug Court, Domestic Violence Court, Mental Health Court), from Child Protective Services, County and State Corrections officers, and the Health Department, and from medical emergency service providers. In addition, potential participants are able to self-refer in response to the project's public education efforts and word-of mouth publicity.

COMET provides co-occurring treatment to 60 individuals per year through a unique integration of three evidence-based practices: the Matrix Model, ACT, and MRT (Moral Recognition Therapy). The COMET Care Coordination Team of eight staff, managed as a collaboration between the county and two providers. The COMET team of eight staff is located at one site, but is managed as a collaboration between three entities- Clark County Department of Community Services (DCS), Community Services Northwest (a licensed mental health treatment agency), and Lifeline Connections (a licensed mental health and chemical dependency treatment agency). Federal GPRA (Government Performance Results Act) baseline and six-month comparisons for 31 of the first 60 clients show statistically significant ($p < .05$) reductions in use of meth and other illegal drugs, and increases in abstinence from alcohol and illegal drugs. Further, data show increased employment, education, income, stability in housing and reduced criminality at six months. Ongoing evaluation of this unique program is being conducted by the Regional Research Institute at Portland State University.

Young Offender Re-entry Project (YORP)

In July, 2005, Clark County Department of Community Services was awarded a four year SAMHSA grant to implement a re-entry program for young adults, ages 18-24, who are transitioning from local jails or state prisons. The program is designed to meet the needs of young offenders who have co-occurring substance abuse and mental health disorders.

The chief goals of YORP are to promote public safety (e.g., reducing the threat of harm to persons or their property) and to increase success rates of offenders who transition from custody. It works toward these goals by fostering effective risk management and treatment programming, by increasing offender accountability and self sufficiency, and by facilitating community victims' participation.

The YORP program, also operated by Columbia River Mental Health Services, also combines three best practice models: ACT (mental health); the Matrix model (alcohol and substance abuse) and Seeking Safety (described above). The program is offered collaboratively through Lifeline Connections and Community Services Northwest. Treatment staff establish contact with the offender prior to his or her release from custody, develop and implement transition accountability plans, and provide supervision and wraparound services which stress ex-offender autonomy and self support. A four-year evaluation of YORP is being conducted by the Regional Research Institute of Portland State University.

Supported Employment

Clark County RSN and its contracted providers coordinate with local and state employment programs to ensure that consumers (aged 14 and over) have access to a full range of employment services, including Supported Employment, another "best practice" in youth and adult mental health. Supported Employment is provided to individuals who are not currently receiving --or who are on a waiting list to receive—federally-funded vocational services such as those provided through the state Department of Vocational Rehabilitation.

Two network providers (Columbia River Mental Health Services and Community Services Northwest) currently offer Supported Employment services that conform to evidence-based requirements, and are the only providers approved to deliver this service type. CCRSN ensures that these supported employment services include:

- An assessment of work history, skills, training, education, and personal career goals.
- Provision of information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Assistance with employment preparation skills, such as resume development and interview skills.
- Help in creating and revising individualized job and career development plans that include the consumer's strengths, abilities, preferences, and desired outcomes.
- Assistance in locating employment opportunities that are consistent with those strengths, abilities, preferences, and desired outcomes.

- Provision of elements of the integrated supported employment model, including outreach to employers, on- or off-site job coaching, and support in a normalized or integrated work site, if required.
- Interaction with the consumer's employer to support stable employment and provide advice about reasonable accommodation in keeping up with the Americans with Disabilities Act (ADA) and Washington State anti-discrimination laws.

Integrated Dual Disorders Treatment

Integrated Dual Disorders Treatment (IDDT) became available in December 2005 through Lifeline Connections, a new provider to the mental health provider network. Currently, up to 40 people can be served. IDDT is an evidence-based practice that improves the quality of life for persons with dual disorder by integrating substance abuse services with mental health services. The model includes the following key service philosophies and strategies:

- Multidisciplinary Team
- Stage-wise Interventions
- Access to Comprehensive Services
- Time Unlimited Services
- Assertive Outreach
- Motivational Interviewing
- Substance Abuse Counseling
- Group Treatment
- Family Psychoeducation
- Alcohol and Drug self-help groups
- Pharmacological Treatment
- Health-Promoting Interventions

Dialectical Behavior Therapy

Dialectical Behavioral Therapy (DBT) is provided by two CCRSN network providers: Columbia River Mental Health Services and Community Services Northwest. As of August 1, 2005, 124 consumers were being served through this modality. DBT consists of two components. First, weekly individual treatment, targeting relevant behaviors in a descending hierarchy:

- Decreasing high risk suicidal behaviors.
- Decreasing responses or behaviors (by either therapist or individual) that interfere with therapy.
- Decreasing behaviors that interfere with/reduce quality of life.
- Decreasing and dealing with post-traumatic stress responses.
- Enhancing respect for self.
- Acquisition of the behavioral skills taught in group.
- Additional goals set by the individual

Second, weekly 2.5 hour group therapy sessions, where interpersonal effectiveness, stress tolerance/reality acceptance skills, emotion regulation and mindfulness skills are taught.

Functional Family Therapy (FFT)

Functional Family Therapy is offered at the Juvenile Detention Center and paid for through the Clark County juvenile justice system. As August 2005, seven families were being served. FFT is an evidence-based practice with substantial empirical support that addresses youth conduct

problems through family system intervention. FFT was initiated in Clark County through a partnership with the Juvenile Rehabilitation Administration. It builds on the strengths of families, leading to collaborative, respectful, and culturally competent treatment. In Clark County, providers and local family organizations have experienced promising outcomes despite very difficult family situations, leading to much enthusiasm for this modality.

Multi-Dimensional Treatment Foster Care

Multi-Dimensional Treatment Foster Care, provided by Catholic Community Services (CCS) has eight beds currently available to CCRSN consumers. These beds are integrated with a wide range of CCS-provided wraparound supports, including individual therapy, care coordination, and family and community support. Therapists work with youth in the foster home, and foster parents participate on the ITC/Wraparound team as a planning partner.

Summary of CCRSN-Provided Evidence-Based Practices

Type of Practice	Organization Providing the Practice	Current Capacity
Core Practices for Adults		
Assertive Community Treatment	Community Services Northwest (CSNW)	40
Supported Employment	Columbia River Mental Health Services (CRMHS)	157
Dialectic Behavioral Therapy (DBT)	Columbia River Mental Health Services (CRMHS) Community Services Northwest (CSNW)	124
Core Practices for Children		
Functional Family Therapy	Connections (Clark County Juvenile Court)	7 families
Multi-Dimensional Treatment Foster Care	Catholic Community Services (CCS)	8 beds
Core Practices for Co-Occurring Disorders		
Co-Occurring Methamphetamine Expanded Treatment (COMET) (Matrix Model integrated with ACT)	Joint venture of Lifeline Connections and Community Services Northwest (CSNW)	60
Adults – Integrated Dual Disorders Treatment	Lifeline Connections	(starting 12/05) 40 (projected)
Transition (18-24) – Young Offender Re-entry Program (YORP) (Matrix Model integrated with ACT, plus Seeking Safety, a CBT model for trauma)	Columbia River Mental Health Services (CRMHS)	(starting 1/06) 40 a year by end of 2006, increasing to 60 in 2007
Priority Practice for Children		
Wraparound	Catholic Community Services (CCS), Columbia River Mental Health Services (CRMHS), Children's Home Society (CHS), Family Solutions	77

Mental Health Court

Since April 2000, the Clark County Mental Health Court (MHC) has worked to improve outcomes for people with mental illnesses caught up in the criminal justice system. In October 2001, the Clark County Department of Community Services and Corrections was awarded a Targeted Capacity Expansion Grant from the Center for Mental Health Services (CMHS) to improve the MHC's capacity to provide mental health services. The Mentally Ill Re-arrest Prevention Program (MIRAP), as the TCE was called, enhanced services by increasing the number of MHC coordinators from two to three, increasing the MHC judges from one to two and, contracting with two local mental health providers to provide intensive case management to MHC clients.

A vision of a new kind of court was formed, where restorative justice and therapeutic jurisprudence could help those who have mental illness, and stop the continuing cycle of these individuals revolving through the jail and court time and again.

MIRAP goals were: 1) to reduce the number of mentally ill people arrested, 2) to improve the quality of life for mentally ill offenders by addressing their basic needs and providing the support and supervision they need to stabilize their lives, 3) to reduce service barriers between mental health, community-based agencies, the courts, law enforcement, and corrections.

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After reviewing other Mental Health Courts in Broward (Florida) and King (Seattle) Counties, Clark County decided to adopt a model that relied upon a carefully developed support structure and dedicated team to educate judges and create therapeutic outcomes. This model differed from conventional courts in the following ways: first, the cases are heard on a separate calendar and are all handled by the same core team of professionals; second, there is an increased emphasis on linking the criminal justice system and the mental health treatment system; and third, participants in this program receive increased court supervision.

Individuals are evaluated and assessed by mental health clinicians to determine eligibility for the voluntary program. The prospective client needs to be assessed as having a serious mental illness in addition to have been charged with committing a crime (misdemeanant only). The therapeutic jurisprudence technique used in the courtroom encourages sensitivity, promotes the building of community service relationships, and provides the needed follow-through to help stabilize and sustain clients in the community. This team approach occurs weekly in the courtroom during a non-adversarial hearing. The team includes the court judge and clerk, prosecutor and defender, provider and court coordinator, and the client, many of whom are currently in custody.

Outcomes of this six year program have been excellent: Based on an evaluation of the Court by Portland State University's Regional Research Institute. The MHC demonstrated success in both reducing the number of MHC clients who re-offended, the number of crimes committed and number of probation violations post-enrollment in MHC compared to pre-MHC.

- Most MHC individuals 71% (85 individuals) had no criminal justice contact in the six months post-enrollment in MHC.

- The overall crime rate of mental health court participants was reduced 3.8 times six months after enrollment in MHC as compared to the six months prior to MHC.
- In the six months prior to enrollment, the 119 MHC participants were booked 288 times for new charges. Six months post enrollment in mental health court, only 34 individuals (29%) were rearrested on new crimes and booked a total of 76 times.
- Most clients (89%, $n = 116$) had reduced number of bookings after enrollment in MHC.
- There was a 56% reduction in probation violations pre-MHC compared to post-MHC. Pre-MHC, 54 clients committed 110 probation violations.
- In the six months post-enrollment, 32 individuals committed 62 probation violations.
- MHC appears to help break the cycle of the "repeat offender." Twenty-two percent (22%) of program participants had 4 or more arrests in the six months pre MHC enrollment. After enrollment in MHC, only 5% of program participants were arrested 4 or more times.

To date, the Clark County Mental Health Court has assessed over 750 prospective individuals. Of those that have met criteria (excluding those who did not qualify or opted out of the program), the success rate for graduates and current enrollees continues to be over 60%.

CULTURAL COMPETENCY

Clark County is one of the fastest growing counties in the country, according to the 2000 census. Newly arrived immigrants, mainly of Eastern European or Russian heritage, constitute a large part of this recent population growth. In addition, we have a high percentage of single heads of households who are women.

The growth in diversity in our community, along with the increased demand by our government to reduce service barriers, presents unique opportunities and challenges to the work of the Cultural Competency Committee. Since 1999 the Cultural Competency Committee has played an active role in recognizing cultural diversity and promoting cultural competency in the creation and provision of mental health services for people living in Clark County. Its goal is to assure the design, development and implementation of culturally sensitive and competent services and business management processes in the context of the specific diversity represented by the target population and community.

During fiscal year 2005, the Committee was actively involved in addressing needs of underserved populations and in bringing about increased awareness of the importance of cultural values and traditions as critical elements in consumers' treatment and recovery. This effort was reflected in its planning and implementation of the annual community-wide cultural competency training. In 2005 the Cultural Competency Committee conducted another successful multi-day training provided by Shani A. Dowd, B.A., L.C.S.W., from the Institute for Linguistic and Cultural Skills, Harvard Pilgrim Health Care Foundation in Massachusetts. The training focused on enhancing the cultural awareness, sensitivity, and competence of CCRSN provider organizations to provide mental health services to and improve outcomes for consumers of diverse cultural and ethnic heritages. The training also focused on identifying belief systems, language needs, and practices related to health that may be inconsistent with those of the typical mental health service provider. Another important component of the training addressed the assessment of consumer values and beliefs about health and illness, and integration of those values and beliefs into a comprehensive mental health services strategy. The training was attended by 80 consumers, family members, and professionals. All CCRSN staff also attended additional half-day training by Ms. Dowd. The training focused on strategies for assessing the cultural competence of provider organizations and programs, establishment of organizational supports to enhance cultural competence, and practical strategies for implementing culturally- and linguistically-appropriate services responsive to the characteristics of the service area.

Another major task undertaken by the committee this year was the completion of the development of a monitoring tool for the Clinical Practice Standards for Cultural Competency that have been operationalized since 2001. During the 2003 clinical file review process, selected consumer charts were reviewed by our quality manager and care managers using the tool to monitor the clinical practice standards. As a result of the test review, the committee began work on revising the Clinical Practice Standards for Cultural Competency with the goal of enhancing the ability to measure outcomes. The revision of the Clinical Practice Standards for Cultural Competency will include guiding principles and reformatting of the standards to reflect three categories: administrative, clinical and practitioner competency, and outcome indicators.

Another goal set forth by the committee this year was the adoption, training, and implementation of the *SAMHSA Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups*. These standards are specifically developed for managed behavioral health care plans, and include comprehensive consensus-based standards for staff development and training, providing services in languages other than English, monitoring caseloads for ethnic diversity, and ongoing decision-support and performance improvement activities to monitor effectiveness.

Clark County RSN's efforts to promote cultural competency in our system of care, business practices, and provider network has recently garnered statewide recognition:

- ***WSHPAC Exemplary Provider Award*** **–** In September 2005, CCRSN was presented with an Exemplary Provider Award from the Washington State Health Planning and Advisory Council (WSHPAC), recognizing CCRSN for its outstanding efforts in providing mental health services to underserved populations.

- ***DSHS Community Award*** **–** In November of 2005, the CCRSN was also presented with a Community Award from the Washington State Department of Social and Health Services' Division of Children and Family Services at its Fifth Annual Washington State Diversity Conference. The award recognized CCRSN's outstanding commitment and effort in practicing and promoting inclusion and cultural awareness, providing culturally relevant services to children and their families, and working effectively with diverse groups to impact system changes to better serve minority children and their families. The award also recognizes our ability to proactively meet the challenges of the diversity of their community, and our responsiveness to minority children and their families.

Continuous recruitment efforts, aimed at adding new committee members to capture the diversity of Clark County, have been successful. This year, the committee welcomed several new members to the committee. These new members represent the Hispanic, African-American, Native American, and law enforcement communities. In addition, the membership of the committee includes representatives from consumer and family groups, the Mental Health Advisory Board, and Juvenile Court Services.

ADULTS/OLDER ADULTS SERVICES

In July of 2002, the Geropsychiatric Consultation Team, a 6-month pilot project funded with CCRSN reserves/savings and administered by Southwest Washington Medical Center, was discontinued as the result of budget cutbacks. At the same time, CCRSN responded to a Request for Proposals from the state Mental Health Division to implement the Expanded Community Services (ECS) program. The CCRSN was awarded funding provided by the Mental Health Division to assist in the development of community support services for long term state hospital patients. Four Clark County adult ECS clients were successfully placed in either an Adult Foster Home or Congregate Care Facility and have been maintained in the community.

With the notice of the closure of the Geriatric Medical Unit at Western State Hospital, the CCRSN worked collaboratively with Home and Community Services staff and other key stakeholders to assist with the discharge planning and development of resources for placements of affected geriatric clients, who began returning to the community in April 2003. One of the challenges in this effort was finding a skilled nursing facility that was needed to serve our specific geriatric population that had been living at Western State. During 2005, the state Home and Community Services Department was successful in contracting with Parkway North in Battle Ground for this specialized service within Region VI. In addition, the crisis team with CRMHS provides crisis services and geriatric consultation to the nursing facility through an agreement with Home and Community Services.

Collaborative identification of local resource needs and individual case planning, as well as ongoing evaluation of the effectiveness of cross-system planning and coordination efforts, has been carried out by a community team for adults known as the "A Team." The RSN is a regular participant on the "A team," which is led by staff from the local Home and Community Services office. The primary goal of the A team is to decrease the number and duration of out-of-home placements for adults and older adults. CCRSN and state Aging and Adult Services Administration staff work together through the team to divert the use of restrictive care to community settings when appropriate, as well as to reintegrate consumers back into the community when returning from Western State Hospital, skilled nursing facilities, or acute inpatient facilities. The A team provides a forum for identifying and utilizing community resources within the community, and utilizes preventative measures of wrapping supports around high risk, high needs elderly consumers for preventative case planning before crises present.

CCRSN administers Mental Health Medicaid Personal Care for Medicaid-eligible adults who are actively receiving CCRSN funded outpatient services and meet the medical necessity criteria of the program. Mental Health Medicaid Personal Care Services are authorized following a request by a Department of Social and Health Services (DSHS), Aging and Adult Services Administration (AASA), Home and Community Services (HCS) worker on behalf of an individual consumer, and must be based on a HCS care assessment. When payment for Mental Health Medicaid Personal Care is authorized, the CCRSN designated Care Manager is responsible for monitoring ongoing financial and clinical eligibility in authorizing monthly payments. HCS, the provider of Medicaid Personal Care services, is located in Vancouver at 5411 West Mill Plain Blvd., Suite 25.

HOUSING SERVICES

Clark County uses several sources of funds to provide housing and housing services that are operated with or by mental health providers. In 2005, federal, state and local funds were used in the following ways:

- **Project Access:** This is a street outreach program that helps refer homeless clients to obtain services for drug/alcohol addictions, mental illness, and chronic, serious health problems. The project is operated by **Share.** $40,000 in CDBG funds was awarded, and approximately 750 clients were referred.

- **Aurora Place:** **YW Housing** was awarded $737,500 in HOME funding for design and construction of 25 one, two and three-bedroom apartments. Twelve units will be for households at or below 30% of the median area income. Five units will be set aside for households with a disabled family member or household transitioning from homelessness.

- **Mill Creek Apartments:** Washington state HB 2060 funds in the amount of $478,500 were awarded to **Vancouver Housing Authority** for development of 50 units of low-income housing in Battle Ground. Twenty percent of the units (10) will be reserved for people with disabilities. Of the 50 units, half will be affordable to families at or below 30% of area median income, 12 units will be affordable to families at or below 40%, and 13 units will be affordable to families below 50%.

- **Aspire Program:** HOME funds totaling $287,500 were granted to **Share** for tenant-based rental assistance for approximately 39 people who are at or below 50% of the area median income. Tenants receive case management services and can stay in the program for up to 24 months**.**

- **Ten Year Plan to End Homelessness:** $17,000 in CDBG funding was awarded to the **Council for the Homeless** for Clark County to develop a Ten Year Plan to End Homelessness. The plan calls for "Funding for and access to mental health services and drug and alcohol treatment (including case management) for those individuals and families in need of such services." as one of the state-level changes in policy and law necessary to achieve the goal of a 50% reduction in homelessness in Clark County.

- **EFSP Funded Programs:** The state's Emergency Food and Shelter Program (EFSP) requires funded agencies to assist needy individuals without discrimination, with sensitivity to the transition from temporary shelter to permanent homes and with attention to the specialized

needs of homeless individuals with mental and physical disabilities and illness They must facilitate access for homeless individuals to other sources of services and benefits. In 2005, **Share** and **YWCA** SafeChoice were awarded $111,576 and $24,730 respectively, to provide emergency shelter. Rent and mortgage assistance was provided by **Interfaith Treasure House** ($13,500), **St. Vincent de Paul** ($35,972) and **Salvation Army** ($68,292).

Janus Youth Projects

Janus Youth Programs specializes in services to runaway, 'throwaway,' homeless, and otherwise at-risk youth. They operate three facilities in Clark County.

- **Secure Crisis Residential Center:** This is operated by Janus for runaways and at-risk children who get caught up in the juvenile justice system. This is not a "lock down" unit, but does offer a high degree of controlled movement in and out. A total of 6 beds are available.

- **Non-Secure Crisis Residential Center** – This facility is also run by Janus for self-referred runaways and child welfare system referrals. There are a total of 10 beds, with 4 set aside for crisis respite referrals.

- **Homeless Youth Facility** – This is a newer program in Vancouver, called "Motivated Youth" (MY House), operated by Janus. It is an 8-bed facility for youth needing transitional living arrangements who generally can stay for up to 18 months or longer, depending on their circumstances, while they are evaluated and linked with life skills and/or vocational training and/or mental health services.

RSN Residential Services

Clark County RSN also provides a full range of residential settings and programs. They are available to RSN- funded consumers, and provided based on the individuals needs, medical necessity and within available resources. These include:

- 28 long-term intensive beds for adults available at Elahan Place, an Adult Residential Rehabilitation Center managed by Columbia River Mental Health Services.
- 30 long-term supervised living beds for adults available at the following two Congregate Care Facilities: Evergreen Inn and Ridgefield Living Center.
- 14 supported housing beds for adults available through Community Services Northwest at Azalea Place.

The following table outlines transitional and permanent housing options available to mental health clients, but managed by other providers in our community.

Provider/Location	# of Units/Beds	Type
Community Services Northwest		
Azalea Place	14	Supportive Housing
Tri-plex/duplex	11	Transitional Housing
Columbia River Mental Health Services		
U Street/ Private Owner	4 - female	Permanent Housing
99th Street CRMHS owned	6 - female	Permanent Housing
129th Avenue VHA owned	3 female	Permanent Housing
Ft. Vancouver Apartments Fort Non-Profit Housing owned	19 single units male/female	Permanent Housing/
Cascade Terrace	6 2 BR units/ 12 beds male/female	Permanent Housing
39th Street Triplex Columbia Non Profit owned	3 2 BR units/6 male/female	Permanent Housing
Hazelwood Duplexes VHA owned	2 2 BR duplexes 3 male/3 female	Transitional Housing -90 day maximum
Daniels Street Owned & operated by CRMHS	3 2BR up to 9 PYT youth	Transitional
Vancouver SRO VHA owned dedicated to CR	10	Permanent housing
Vancouver SRO/VHA owned dedicated to CR	20	Transitional Housing
Forest Creek Condos CRMHS owned	12 units	Permanent Housing
New Dreams Scattered site housing	14 units	Permanent Housing

DATA REPORTS

WHOM DID WE SERVE?

CONSUMERS SERVED

Clark County Regional Support Network (CCRSN) coordinates behavioral healthcare for 68,224 Medicaid enrollees who reside in Clark County, Washington, and for other county residents who meet eligibility requirements for state-funded or grant-funded services. CCRSN contracted with seven providers to provide the full range of behavioral healthcare services covered under the Washington State Plan, approved by the Center for Medicare and Medicaid Services. About 225 practitioners, representing multiple professional and paraprofessional disciplines, served consumers through CCRSN-contracted providers.

MEDICAID SERVED

Clark County RSN served a total of 7,688 unique individuals during FY 2005, 6,028 consumers were Medicaid. Of the 6,028 Medicaid individuals, 2,635 were children aged 0-17, 3,070 were adults aged 18-59, and 323 were aged 60+. The Medicaid penetration rate (that is, the percentage of the Medicaid-eligible population receiving services through the CCRSN) for Fiscal Year 2005 was 8.84***%***.

PARITY

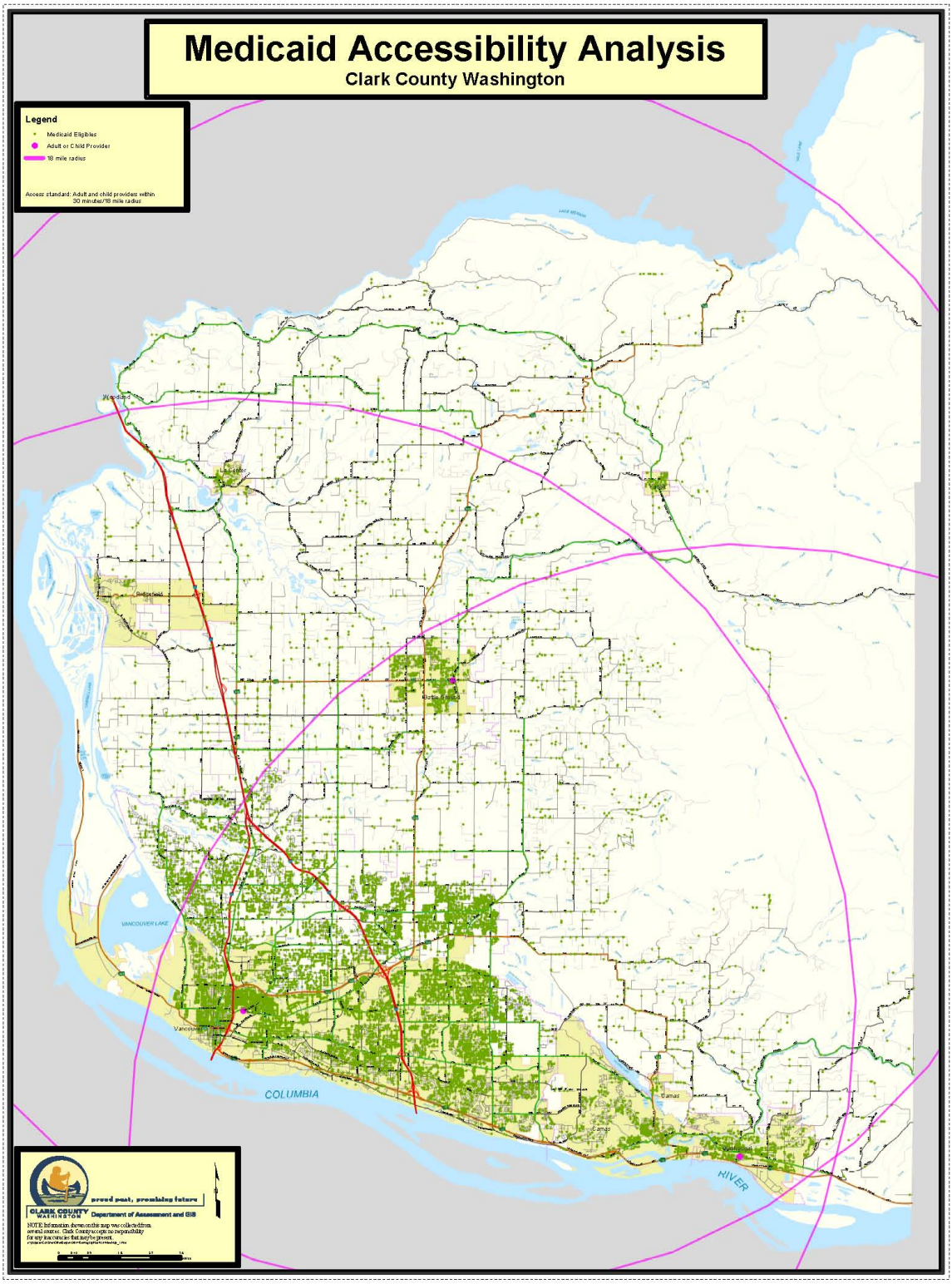
Residents of Clark County represent a diverse population. By comparing the prevalence of specific ethnic groups in the general population with those seeking mental health services, we can measure parity of services from the perspective of ethnic diversity. The most recent estimates of ethnic groups in Clark County and corresponding penetration rates are as follows:

Population Estimate	Race/Ethnicity	CCRSN Percentage of Total Served
93%	Caucasian	90%
2%	African American	6%
4%	Asian Pacific islander	2%
1%	American Indian	3%
4%	Hispanic	6%

Geo-Access Maps

Clark County RSN's information system includes the capacity to readily conduct geo-access analyses comparing provider capacity and locations to the number of both Medicaid- and state-funded consumers and to all Medicaid enrollees residing in Clark County. The data can be analyzed at any level of detail desired, and these analyses will be integral to the development of the Network Management Plan over the next year. These maps allow a straightforward visual analysis of the location of the Medicaid consumer population and the overall Medicaid population being served in Clark County. Areas not receiving services visually stand out or can be identified by consideration of their penetration rate data.

The following map provides a Medicaid Accessibility Analysis. This map overlays the accessibility radius of current CCRSN outpatient providers in three cities in the county (Vancouver, Washougal, and Battleground). CCRSN's adopted accessibility standard is for all Medicaid covered lives to have outpatient services available within a 30 minute drive time, which we have determined to be 17.5 miles from a service location (assuming a drive time that averages 35 MPH). The map shows that the CCRSN network outpatient sites meet or exceed standards for all Medicaid enrollees residing within Clark County. The majority of covered enrollees reside within a 15 to 20 minute drive time.


Medicaid Accessibility Analysis
Clark County Washington
Legend
Medicaid Eligibles
Adult or Child Provider
18 mile radius
Access standard: Adult and child providers within 30 minutes/18 mile radius
VANCOUVER LAKE
COLUMBIA
RIVER
proud past, promising future
CLARK COUNTY WASHINGTON
Department of Assessment and GIS

HOW DID WE SERVE THEM?

CRISIS

All individuals regardless of income or insurance coverage are eligible to receive crisis services. These services are available to Clark County residents by a team of professionals, many of whom are trained in the Involuntary Treatment Act regulations, who assist people that are experiencing an emotional crisis or an acute mental health problem. Crisis response is available 24 hours/day, seven days/week. Team members provide brief support and stabilization in the community, emergency medications, and respite.

OUTPATIENT

CHILDREN'S SERVICES

Outpatient Services include: Intake, Individual Treatment, Family Therapy, Group Treatment, Medication Management, Therapeutic Telephone Contacts, Dialectical Behavior Therapy and Aftercare Support.

Support Services include: Case Management, Behavioral Skills Training, Interpretation, Special Population Evaluations and Consultations, Team Wraparound activity.

School Based Services include: All services provided to students at the school.

Diversion Services include: Stabilization and Respite Beds.

Crisis Services Include: All face to face services provided by the crisis team.

ADULT SERVICES

Outpatient Services include: Intake, Individual Treatment, Family Therapy, Group Treatment, Medication Management, Therapeutic Telephone Contacts, Dialectical Behavioral Therapy and Aftercare Support.

Support Services include: Case Management, Behavioral Skills Training, Interpretation, Special Population Evaluations and Consultations, Team Wraparound activities and Supported Employment.

Diversion Services include: Crisis and Respite Beds, ADAPT, Imminent Services and Hospital Alternative.

Crisis Services Include all face to face services provided by the crisis team.

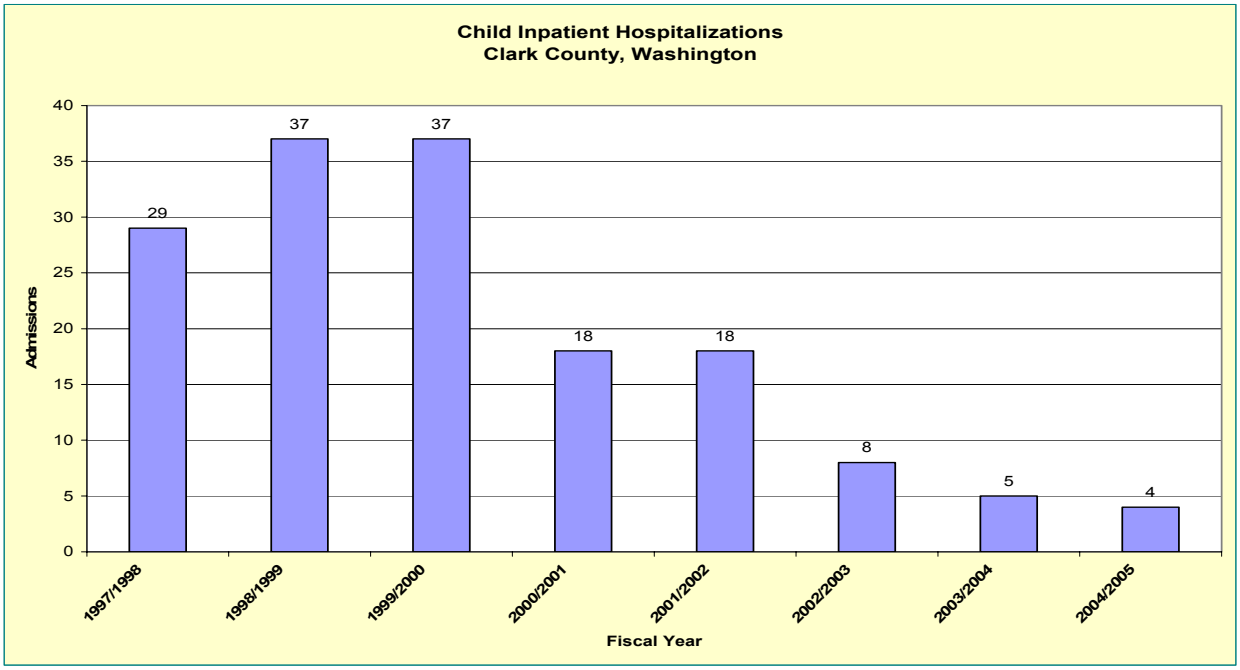
INPATIENT

Inpatient hospital stays at acute care facilities are closely monitored to ensure service recipients are receiving quality treatment, stabilization and adequate discharge planning to maintain their level of community functioning.

A major accomplishment during this year was the completion of the in-patient claims data base that contains key data related to in-patient admissions, discharges and costs. The Department of Community Services' Information Services (IS) Unit focused much of its resources on the completion of a major data conversion to a new information system during FY 05. It is anticipated that more reports will be available by fall of 2006.

CLIP – Children's Long-Term Inpatient Placement

The number of children in CLIP beds is limited and managed by the State of Washington. Therefore, it is important that we have a wide spectrum of acute and intensive services that will allow for treatment of these children in Clark County. The creation of crisis stabilization services for children has helped reduce the number of children admitted to CLIP facilities. During 2005 Clark County had just one child in a CLIP facility for the entire year. We credit this accomplishment to the children's system redesign, and to utilization of crisis stabilization and intensive services managed by Catholic Community Services. The following chart highlights the decline in children's inpatient services since FY 2002.



Inpatient Hospitalization Summary

The following tables provide details about the types, numbers, and rates of community hospitalizations and readmissions for Fiscal Years 2003/2004, 2004/2005 and 2005/2006*.

Community Hospital Admissions				
		FY 03-04	**FY 04-05**	**FY 05-06***
	Adult	647	753	729
	Child	10	10	11
	Total	**657**	**763**	**740**

Legal Status at Admission				
		FY 03-04	**FY 04-05**	**FY 05-06***
ITA	***Adult***	463	534	505
	LOS	8.16	8.89	10.19
	Child	5	5	6
	LOS	11.80	37.00	3.33
	Total	**468**	**539**	**511**
	LOS	**8.20**	**9.15**	**10.11**
Voluntary	***Adult***	184	219	224
	LOS	6.52	6.71	6.91
	Child	5	5	5
	LOS	11.80	5.00	11.00
	Total	**189**	**224**	**229**
	LOS	**6.66**	**6.67**	**7.00**
Grand Total	***Admits***	**657**	**763**	**740**
	LOS	**7.76**	**8.42**	**9.15**

Readmission Rate				
		FY 03-04	FY 04-05	FY 05-06*
Within 30 days	*Adult*	74	92	82
		11%	12%	11%
	Child	1	0	0
		0%	0%	0%
	Total	**75**	**92**	**82**
		11%	**12%**	**11%**
Within 60 days	*Adult*	45	41	53
		6%	5%	7%
	Child	0	0	0
		0%	0%	0%
	Total	**45**	**41**	**53**
		6%	**5%**	**7%**
Within 90 days	*Adult*	27	35	29
		4%	4%	3%
	Child	0	0	2
		0%	0%	0%
	Total	**27**	**35**	**31**
		4%	**4%**	**4%**
Other	*Adult*	501	585	565
		76%	76%	76%
	Child	9	10	9
		1%	1%	1%
	Total	**510**	**595**	**574**
		77%	**77%**	**77%**
*Claim period is not yet closed.				

Based on paid inpatient claims data from the CCRSN database, 80 % of persons originally hospitalized were not readmitted within a 90 day period**.** Only 11% were readmitted within 30 days of discharge, dropping to a 4% readmission rate within 90 days of discharge.

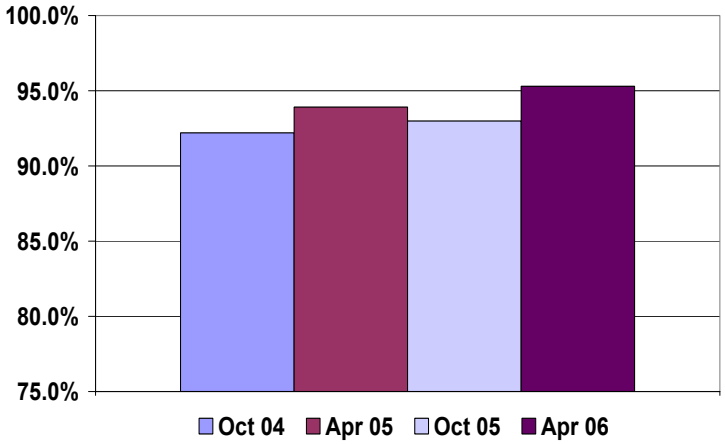
HOW DID THEY FEEL ABOUT THEIR SERVICES?

CONSUMER SATISFACTION

In monitoring satisfaction with services across the Regional Support Network, we have used the 'Client Satisfaction Questionnaire' (CSQ-8), a widely-used tool for assessing general consumer satisfaction with social, mental health, and health care services. The survey asks consumers to rate the services they've received on a 4-point (e.g., 'highly dissatisfied' to 'highly satisfied') scale, and is available in multiple languages. After several years of very low return rates (averaging 15%) for both mailed and waiting room surveys on a quarterly basis, in 2004 the RSN made two key changes that led to much higher rates of return, and thus more trustworthy data. First, the method shifted to distributing surveys in agency waiting rooms on a twice-yearly basis; second, a performance payment incentive was written into RSN network agencies' contracts specifying a 90% 'offer rate.' Thus, agencies that document that surveys were offered to at least 90% of consumers who were seen during the survey period (at first one month, currently two weeks, in the spring and fall) receive payment for this portion of their contract. For the latest administration of the CSQ-8, an overall return rate of 88% was achieved, which gives us reasonable confidence that a complete range of consumer opinion was included.

Overall satisfaction ratings since these changes were begun are illustrated below. The spring 2006 survey included a coversheet, developed with the assistance of the RSN's Cultural Competency and Enrollee and Stakeholder Services committees, that gathered additional information on general demographics (age, gender, and ethnicity), how much consumers felt respected by agency staff, how sensitive staff were to their cultural/ethnic background, and knowledge of complaint and grievance processes. Detailed responses to these questions and satisfaction ratings by ethnicity and age group for this most recent survey are published in a separate report available from the RSN.

RSN CSQ-8 Overall Satisfaction, October 2004-present

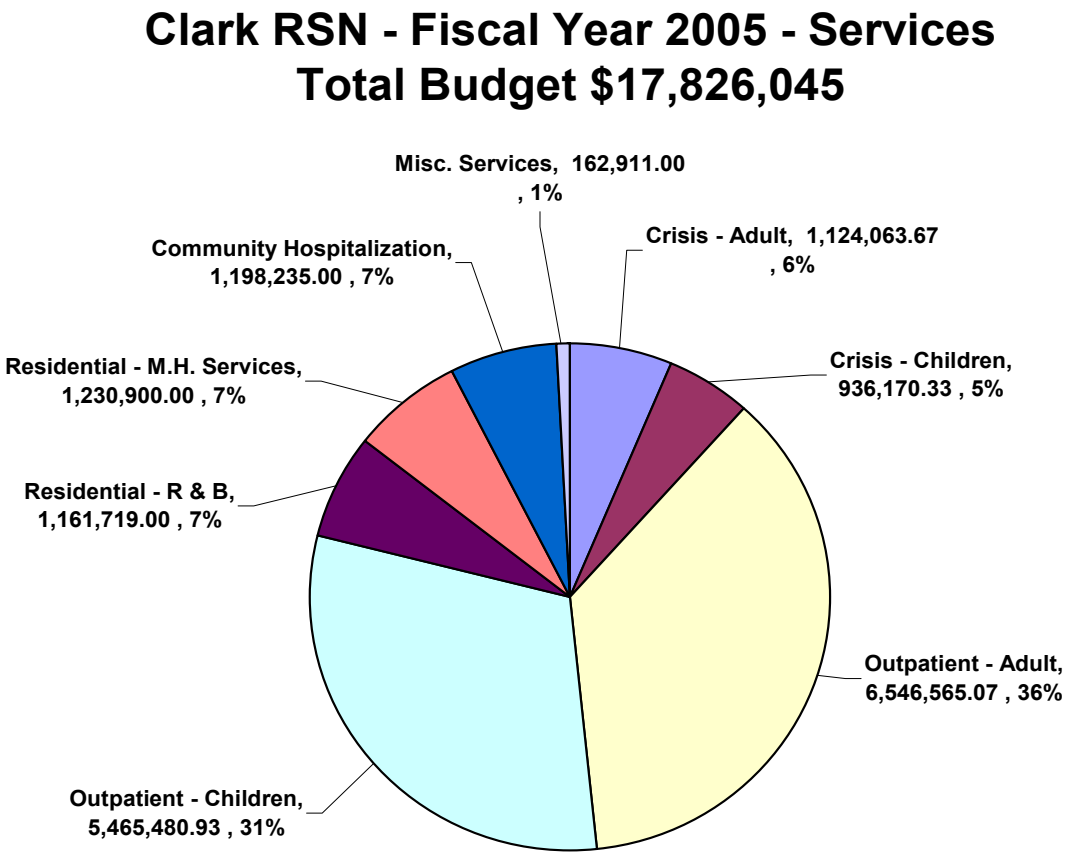


Conclusion: Overall consumer satisfaction has surpassed our 90% goal in each of the last two fiscal years, and shows a slight upward trend. The addition of questions related to ethnicity and age, begun in the spring of 2006, will enable us to track levels of satisfaction for diverse groups. If significant, persistent disparities are found between groups, we'll be able to take informed action to address them.

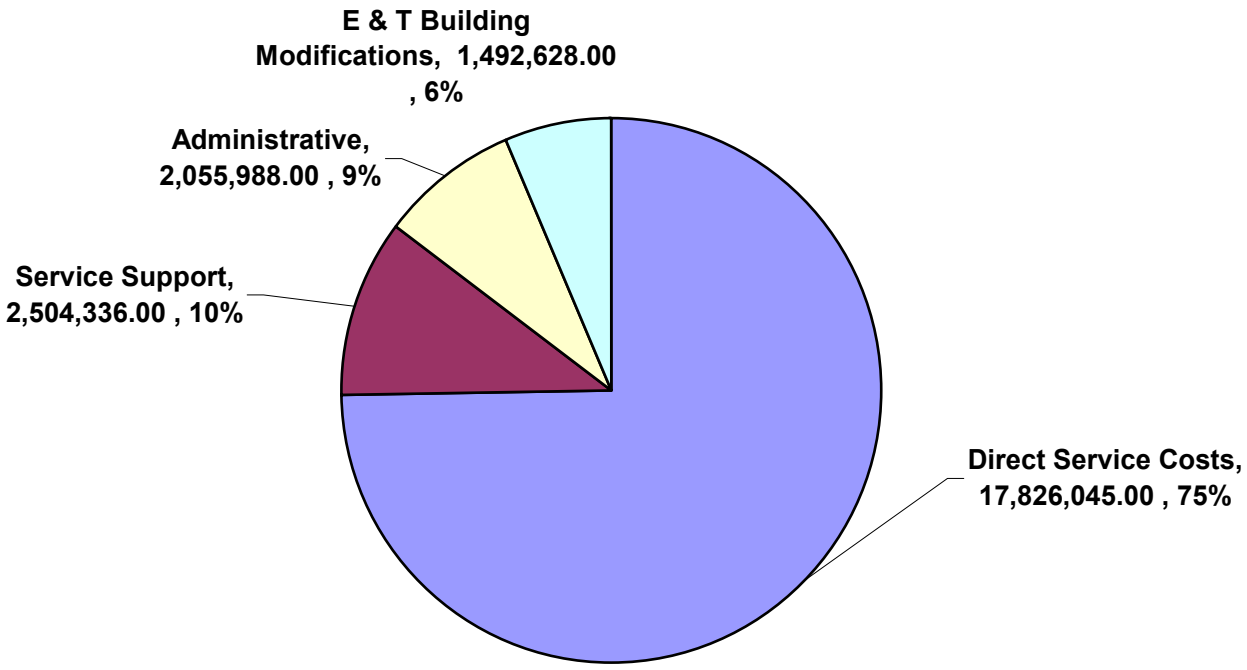
HOW MUCH DID WE SPEND?

EXPENDITURES BY CATEGORY

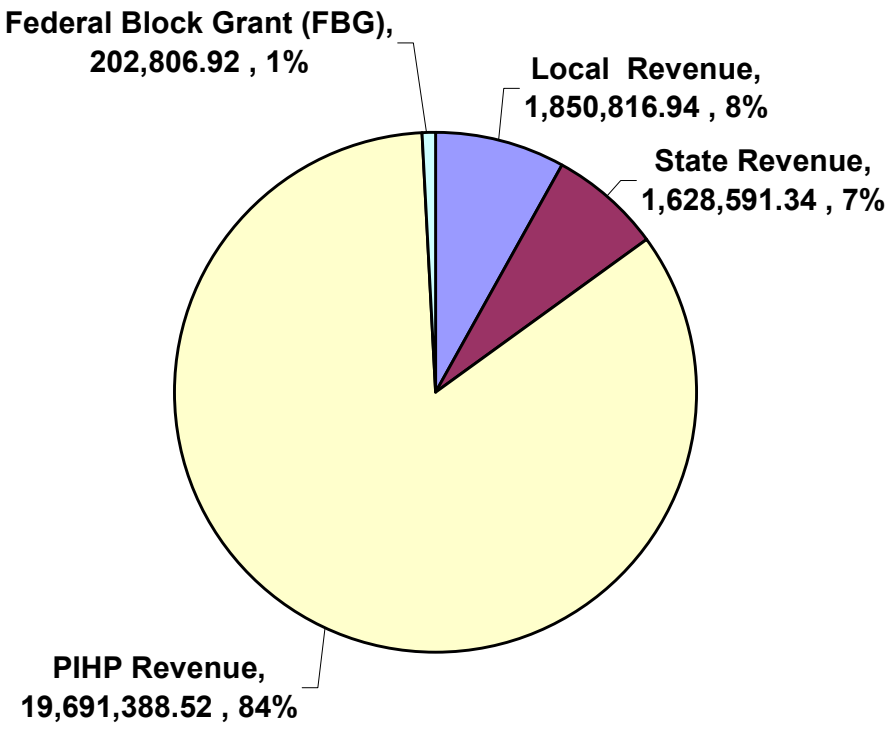
Careful management of the costs of publicly funded mental health services ensures that all eligible consumers receive the treatment and support that they need. Savings from the PIHP are reinvested into new and enhanced Medicaid mental health services to improve the array of services offered by our providers. "Miscellaneous" includes B3 services (supported employment, Clubhouse, and respite care), ITA judicial (related to administration of the Involuntary Treatment Act), Mental Health Ombuds, and Medicaid Personal Care. The following chart details FY 2005 budget expenditures by category.



Clark RSN - Fiscal Year 2005
Total Expeditures $23,878,997



Clark RSN - Fiscal Year 2005
Total Revenue $23,170,797



Send us your Feedback

It is our intention that the Annual Report will continue to effectively report on our achievements and identify areas requiring additional effort. To ensure this, we appreciate your comments and feedback. Please direct them to:

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Deputy Director
Department of Community Services
Clark County Regional Support Network
PO Box 5000
Vancouver, WA 98666
(360) 397-2130

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cheri.dolezal@clark.wa.gov